

choreic state of the muscoli papillares? I apprehend not; for, as the closure of the valves is not accomplished by the action of the muscles, it would not be affected by any such irregular muscular action. Moreover, no such choreic state of the heart's action could take place without its being indicated by a disturbance of the heart's rhythm, which, of course, would be very readily detected.

Hence, then, we cannot resist the conclusion that the mitral bellows-sound in these cases is due to such an organic lesion as prevents the complete closure of the mitral valves during the systolic effort of the heart.

But now we meet with another question not less important. What can have created this morbid state of the mitral valves? It is rare to meet any symptom of heart affection, either preceding or accompanying the chorea; and the valvular imperfection is often overlooked, and only discovered by careful auscultation of the heart's sounds.

The true answer to this question is, I believe, to be found in the fact that many of the patients who suffer from chorea are of a rheumatic diathesis, and that, in consequence of this rheumatic state, they experience an insidious endocarditis which generally affects the mitral valves.

The proof that rheumatic diathesis and chorea are frequently met together, is derived from these facts—that many of the sufferers from the latter malady, when carefully examined, are found to have previously suffered more or less from chronic articular pains, to have sprung from rheumatic or gouty parents, and to exhibit deranged secretions, such as occur in rheumatic states. I have seen many instances of choreic children passing urine of high specific gravity, loaded with lithates, and sometimes precipitating lithic acid in very notable quantity, and for a considerable time. Choreic patients often suffer from rheumatic fever; and, as the subjects of that fever are very liable to its recurrence, so a child who has once had chorea is apt to have it again and again.—*London Med. Gaz.*, April, 1849.

19. *On Catarrh of the Mouth.*—Dr. PFEUFER opposes the prevalent idea that the appearances of the tongue indicate the state of the stomach, and that its loaded state or perverted sensibility shows the existence of gastric affection. He denies that it undergoes greater changes in the diseases of the stomach than in those of any other part of the body. The stomach may be most extensively diseased by cancer, in which hyperæmia or blennorrhœa may be present, and yet the tongue continue clean, and the appetite good, as also may be the case in chronic inflammation of the organ. The tongue may be loaded, and the appetite lost, in that catarrhal state of the mucous membrane of the stomach termed *gastrictrismus*; but it is by no means rare to find this not the case. The appetite may be gone, and the tongue be quite clean.

On the other hand, changes may occur in the cavity of the mouth without being at all indicative of disease of the stomach; the tongue may be thick and loaded, an indifference to food exist, and the taste be blunted and pasty, yet whatever the person does take produces no gastric suffering. The affection is, in fact, a *catarrh of the cavity of the mouth*. It may come on quite suddenly under the influence of mental emotion; it accompanies a variety of affections of the mouth and throat, and may be excited by various stimulating articles of diet, or by medicines acting as local irritants. It sometimes passes away in a few hours, and at others lasts for days, and seldom requires treatment, and certainly not the use of emetics and purgatives, which are usually resorted to, the diligent rinsing the mouth with cold water hastening its removal. Occasionally, however, the affection lasts for weeks or months, and then is usually treated by a great variety of medicines as an obstinate dyspepsia; those who can afford it being at last sent to the Spas. These means, proper enough in catarrh of the stomach, are here useless; and with a gargle, composed of a grain or two of corrosive sublimate in a pound of water, the author has several times cured in a few days a disease that had resisted the long train of anti-dyspeptic medication for months. Local sources of irritation, too, must be sought; for it has more than once happened to Dr. Pfeufer to relieve cases, by the removal of some sharp fragments of a tooth, which had been subjected to all the

approved modes of treating *gastricismus*, and had resisted these, as well as long courses of mineral waters and the like! An acute form is also sometimes very obstinate, recurring again and again, and giving rise to loss of appetite. It is often very analogous to nasal catarrh, with which it is sometimes conjoined, and then the affection of the mucous membrane is primary. In other cases, however, and especially when produced by mental emotion, and when it is so often erroneously attributed to "bile," there is apparently a primary affection of the nerves of taste and sensation of the tongue, and then the catarrhal secretion is secondary.—*Brit. and For. Med.-Chirurg. Rev.*, from *Henle und Pfeuffer's Zeitschrift*, Bd. vii. 180.

20. *Angina Pharyngea*.—M. VELPEAU is of opinion that there are distinctions in this disease, based on the different tissues affected, which it is important to bear in mind. In the first and more frequent variety, the free surface of the mucous membrane is inflamed, the inflammation spreading over the whole pharynx. In a second, the inflammation occupies the tonsils and the mucous membrane in all its reduplications. The third variety is formed by the inflammation of the cellular tissue covering the external surface of the tonsils. In the first form the disease comes on suddenly, but rarely lasts long. It produces redness, but not swelling, and is frequently unattended with fever. It may be often arrested by local application, as alum; and if general treatment, such as bleeding, vomiting, or purging, is indicated, the disease is generally cured in two or three days. In the second form, alum would only exasperate the disease, and general means only slightly modify it. Left to itself, it may last from six to twelve days, often terminating by suppuration. Emetics are only useful in assisting the abscess in breaking. It is an affection of frequent occurrence, but is rarely dangerous even when both tonsils are much swollen.

The third form, *cellular angina*, is a more serious affection. A dull, permanent pain comes on, which at first, not extending to the inner side, does not interfere with deglutition. Owing, too, to the seat of the disease, the tonsil does not swell, but the whole of the affected side, tonsil, and soft palate, is raised by the swelling pushing up the various tissues. There is inflammation also of the corresponding cervical region, the parotidean and subhyoidean depressions becoming filled up with a red, tender, doughy tumefaction. This form of the disease may last from eight to thirty days, and terminate by any of the ordinary consequences of phlegmon. Leeches to the angle of the jaw, and other means of an antiphlogistic character, are indicated, and not unfrequently recourse is obliged to be had to the bistoury to prevent the injurious burrowing of matter; but the danger of wounding some of the important parts situated in this region often obliges us to hesitate. M. Velpeau alludes to a case in which he was about to open an abscess by incision into the pharynx, when, owing to the objections of the patient, he was induced to apply large flying blisters to the angle of the jaw, at the base of the inflamed part, and this was attended with the most complete success in dissipating the inflammation.—*Brit. and For. Med.-Chirurg. Rev.*, from *Gazette des Hôpitaux*, 1849, No. 12.

21. *Dropsy after Scarlatina*.—Dr. F. J. BEHREND, of Erlangen, has published very valuable observations on dropsy after scarlatina, in the *Journal für Kinderkrankheiten*, for March and April, 1849. The following are the conclusions: 1. Two forms of dropsy occur after scarlet fever, the *nephritic* and the *anæmic*. 2. These distinctions only point out the original evil, which is the cause of the dropsy. 3. In *hydrops nephriticus*, the main affection is a highly congested state of the kidneys, even proceeding to inflammation. 4. This congestion of the kidneys is just as much a specific effect of the scarlatinal poison, as the cutaneous congestion and eruption. 5. As a consequence of the congestion, there is exudation into the kidneys; and, from rupture of capillary vessels, some effusion of blood, which tinges the urine of a dark chocolate-colour. 6. The presence of albumen in the urine is partly the result of exudation, partly of the mixture of blood. 7. The small vessels and tubuli of the kidney are partly compressed, partly obliterated, by the exudation, so as to give a granular appearance: the capillary vessels of the cortical substance are partly empty, partly filled with